

**Monroe-Livingston Region
Public Access Defibrillation Event Form**

Organization Name _____

Contact Person _____ Phone # _____

Patient Name _____

Age _____ Sex: Male Female Date and Time of Event _____

Was AED applied to patient? YES NO

Did AED allow shocks? YES NO

of Shocks delivered _____

Did patient regain a pulse? YES NO

Did patient begin breathing on own? YES NO

Did patient regain consciousness? YES NO

Was AED downloaded and sent to Medical Director? YES NO

Transporting ambulance _____

Comments _____
